OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page is haspital or ottending physician.

the attending physician and remave carbonpapers. Pogr

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STATE OF MARYLAND

13	FOR STATE REGISTRAR			ICATE OF DEATH	PIENE 2	4	40	U
. 1	DECEASED NAME FIRST	MIDDLE	l l	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
1	FRANC	ES EVE	LYN AI	DAMS	August	10.	1987	3:07A
3	SEX	4. RACE	5. DATE C		6. AGE IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS
	Female	Caucasiar	AUG		86	YRS.	MONTHS DAYS	HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT C	OUNTRY? 8		9 BALTIMORE CITY		Y OF DEATH	
7	Maryland	USA	WIDOW	D NEVER MARRIED U	St. Ma	rvis		MC
1	O CITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME C		120 USUAL OCCUPAT	ION		OF BUSINESS OR
1	Leonardtown		ary's Hos	spital	Clerk	DF WORKING LI		Gov't
1		VTY 13c. CIT				ZIP CODE		0637
1	FATHER'S NAME FIRST Ernest Burch	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	WIDDLE E.		Swa	'nn
7 11	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT	ADDR	ESS		
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	OR CONTRIBUTING CAUSE OF DEA	216 PLACE OF INJUI (AT HOME STREET, FACTO	RY	211 LOCATION STREET	CHYORIC)WN	COUNTY	STATE
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		hah, M.D.		220. ADDRESS Leonar	dtown, Md	IMIA []		
	30 BURIAL, CREMATION, REMOVAL Burial	23b. DATE 8-13-87	Cedar		Suitland		.°°G'ĕor	
2	FUNERAL DIRECTOR NAME Huntt Funeral		D. Box 15 dorf. Md.	4110	1007 Aulia	- 1	TRAR'S SIGNAT	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene IMPORTANT: If them 21 is marked or them 18 shaw

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the Death Colors is executed within 24 haurs after death. Page retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attention of place, and tompleter tilled the titled little from should be detached for use as the buriol-transit permit. Then please remave care extracting mental from the first place of the state of the office and Mental Pygrene prior to buriol, cremotion, or removal.
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BP		urial, cremation, removal SPECIFY) Burial		,	emetery or crema d Burial P	Park	23d LOCATION CITY OF TOWN Danville		Virginia
DHMH - 16 60M 7/B4 (VRA 15, 4)		ineral director untt Funeral Hom	e, Waldorf, N	id. 2060.	1	AUG 2	6 1987	Sh REGISTRAR'S SH	SNATURE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician.

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24 hours ofter

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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33	[146]	WILLI	AM JOSEPH	BEA	CH	August 2	7. 1987	0.1	ED M		
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1	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	JURSING HOME		120 USUAL OCCUPAT	ION 12	KIND OF BUSINE			
0	1	Leonardtown /	(IF NOT IN SUCH FACILITY, GIV	ry's Hos	nital	Baby	OF WORKING LIFE)	DUSTRY			
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1	130 3			anicsv:	13d. INSIDE CITY LIMITS?	130.STREET ADDRESS		rcle/20	659		
	14 F.A	THER'S NAME			15 MOTHER'S MAIDEN NA	ME	TILE CI	1010/20	033		
		Ctophon T	MIDDLE LA		Sherry	Ann		Taylor			
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+		22d PHYSICIAN'S NAME (TYPE	900	2	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSI	CIAN				
/		MANUEL CHANGE (TYPE	JK IMINITY								
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	23a E	BURIAL, CREMATION, REMOVAL	A STATE OF THE REAL PROPERTY.		CEMETERY OR CREMATORY	23d LOCATION			STATE		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DAVID ALLEN, M.D. LEONARDTOWN, MARYLAND 20650 236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE	Dan	C tan	ATTENIA PHYSIC	DING MEDICAL STAFF	12/-100
236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE				TOTAL MADATE AND	20650
(SPECIFY) CITY OR TOWN COUNTY STATE					20030
CREMATION 8-27-87 HUNTT CREMATORY WALDORF, CHARLES, MARYLAND	(SPECIFY) CREMATION	8-27-87	HUNTT CREMATORY	CITY OR TOWN	

DHMH-16 60M 1/73

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

APORTANT: If them 21 is morked or them 18 shaws any

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etoined by the hospital or attending physician

TO FUNERAL DIRECTOR:

24 FUNERAL DIRECTOR

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

HUNTT CREMATORY

WALDORF, CHARLES, MARYLAND

D. BY REGISTRAL 156 - RECOUNTY

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	FOR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE/ CERTIFICATE OF DEATH

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1	1	REGISTRAR		(EKIII	ICATE OF DEATH	REG. N	0.		
8	1. DE	CEASED NAME FIRST	N	NDDLE	l,	AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
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		Female .	B1a		MONTH Poci	1 -01 1001	96	YRS	MONTHS DAYS	HOURS MIN
-	Ta. BI	RTHPLACE (STATE OR FOREIGN		VHAT COUNTRY? 8.	MADDIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	Y OF DEATH	
2		Maryland	USA		IDOWE		St. Mary	ys		MD
1	10 C1	Leonardtown	11. NAME OF H	FACILITY, GIVE STREET ADDR	HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF COOK		126. KIND O INDUSTRY	F BUSINESS OR
2	Ma	AL RESIDENCE (IF NURSING HOME OR STATE 136. COUN aryland Calv	JTY		VSSION)	13d. INSIDE CITY LIMITS? YES NO 3	13e STREET ADDRESS A Box 68 Sixe	zip copi		20678
0	FA	THER'S NAME FIRST George	WIDDLE	Gantt	13	15. MOTHER'S MAIDEN NAM Agnes	WE		Murr	ay
П		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY	Y NO.	17 INFORMANT	ADDRE	SS		
-		No No	E WAR OR DATES!	219-07-184	5	Bernice Brook	s Box 68			
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR DUE TO, OR DUE TO, OR	AS A CONSEQUENCE AS A CONSEQUENCE NTRIBUTING TO DEA	EQF Lms EOF	MFFICIANCI	INAL DISFASE OR CON	DITION GIV	VFN IN PART LIG	
1	CERTIFICATION	19a DATE OF OPERATION		TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? YES NO	20b. IF YES	S, WERE FINDIN FYING CAUSES	GS USED OF DEATH?
	007/41	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.A	MONTH DAY	YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 F	PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED	21e. PLACE C			211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	100	220.1 certify that (1) the house saw the deceosed alive an obave, (1) (we) (did) (did) and				d that in (my (our) opinion o	eoth occurred on the do	ite and hou	ond from the c	causes stated
		226. SIGNATUIE		~)		DEGREE ATTENDING PHYSICIAN	MEDICAL STAP		Our DATE S	15.1987
			STURA.			LAONARDTOR	SJ JEFFSI	2063	STAKE	>
		URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	04.5	Buria1	Aug.21	,1987 Broo	ks'	Church Cem.	Port Repul		Calvert	MD
1		INERAL DIRECTOR		. ADDRESS	1.	250 DATE	REC'D. BY REGISTRAR	25b. REGIST	RAR'S SIGNATU	JRE
1	Sp	encer E. Sewell	Box 31	Frince Fr	ed.P	ID 200/8 AUG	2 5 198/	Julia 1	corder Pa	Laco

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

	1-	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	IENE 2	4 4	0 6	3
1	(free	EASED NAME FIRST ERRES	ST FOXW	ELL BURC		AST	8-10-87		AY YEAR	740PM
1	3, SE3	X.	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1	1	Male	White	3	OC.	t. 30,1912	74	YRS	ONTHS DATS	HOURS MIN.
2	. (RTHPLACE (STATE OR FOREIGN COUNTRY) ilestown, MD.	7.0	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY C		OF DEATH	MD.
	Le	eonardtown	ST.	MARY'S HO	SPITA	DR OTHER INSTITUTION	126 USUAL OCCUPAT (1YPE OF WORK FOR MOST O Carpente	OF WORKING LIFE	INDUSTRY	of Business or truction
2	13a. S			13c. CITY OR TOW Clemen	N	134 INSIDE CITY LIMITS? YES NO 🔀	Box 53/	ZIP CODE 20624		
	1		esales	Burch		Lorena	MIDDLE		well	
		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (18 YES, G	RMED FORCES?	166. SOCIAL SECU		17 INFORMANT Daug B Peggy Col				Box 65
1	CERTIFICATION	Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19e DATE OF OPERATION	DUE TO, CONDITIONS C		ENCE OF SEATH BUT	ant failure 2 fularetur NOT RELATED TO THE TERM	INAL DISEASE OR CON	206 IF YES,	WERE FINDIN	NGS USED
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1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	ATH HOUR A	.M. MONTH DA .M. OF INJURY	19	21c HOW INJURY OCCURE	CITY OF IC		(OUNTY	STATE
	X	WHILE NOT WHILE AT WORK	(A) HOME SI	REET, FACTORY, OFFICE, F	ARM ETC }	SINCE	CHT OM TO			JIMIC
	25 257	220. I certify that (I) (this hasp the deceased alive a (I) (we) (did) (did n TURE 22d. PHYSIC WY'S NAME (TYPE	n at view the bady	v after death.	, or	, 19— nd that in (my) (our) apinian of the control	MEDICAL STA	ate and hau	and from the	
	t	BURIAL, CREMATION, REMOVA SPECIFY) Burial	236. DATE 8/13/			emetery or crematory l's Cemeter	-			MD STATE
		INERAL DIRECTOR	inglev	Leona.	rdto	1// 1/11:	E REC'D. BY PEGISTRAR	25h REGISTR	RAR'S SIGNAT	dall

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR.

07/84 BP **DHMH - 17** (VR A15 ME (5))

Clarke Mattingley, Leonardtown, MD

24. FUNERAL DIRECTOR

8-7-87

MD ATE

AUG 7 1987 (256 REGISTRAR'S SIGNATURE Devideon

		1,	FOR	DEPAR		AARYLAND I AND MENTAL HY	SIENE O	0.8	
161	954 AUG	-78	STATE EGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH A REG. NO.					
5	₩ % % % ⊢`	1. 01	CEASED NAME FIRST JOSEPH	I IGNAT	IUS CA	ARTER	20 DATE KNOWN OF ESTI- DEATH MATED	0NTH DAY YEAR 76 HOU	
7	RECTOR RECTOR RECTOR RELIE	3 SE	MALE TRACE	5. DATE OF BIRTH MONTH DAY YEAR		NDER 1 YR. IF UNDER 24	PRONOUNCED	ONTH DAY YEAR 24 HOL	
	PECSSARY, PLEASE LIPERAL DIRECTOR. TOR YOUR FILES. WITHIN 72 HOURS	7a E	IRTHPLACE (STATE OR REIGN COUNTRY)	Feb. 14, 19	INTRY?	IED NEVER MARRIED	- P BALTIMORE CITY OF C		
	PARA BAR	10 0	Leonardtown	II. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV St Mary s	URSING HOME, OR OTH E STREET ADDRESS) Hospital		USUAL OCCUPATION (TYPE OF V FOR MOST OF WORKING LIFE) Farming		
000	ANY AND 3 AND 3 AN	13a	RESIDENCE (IF IN NURSING HOME O TATE 13b. COUNT Maryland St Ma	TY 13c. CI	TY OR TOWN	YES NOX	P.O.Box 441	20650	
	ER DEATH. IF PAGES 1, 2, ORM PM 3. SS 1 AND SS ON OFWITAL	1 160	WAS DECEASED EVER IN U.S. ARA	atius Cart MED FORCES? WAR OR DATES!	LAST CET OCIAL SECURITY NO.	Opheli NEGRANT	MIDDLE	LAST	
	AFTER SIVE PA THE FOR AGES I		No.		-16-1404	Mary Cath	erine Carter	same as #13	
6	CUTED WITH TIN PENCIL EXAMINE RIAL - TRAIN MENTAL IN ELL ION, OR REMON		Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying</u> cause last.	(b) DUE TO, OR AS A CO	MSEQUENCE OF	th-Proba	ereliovaseda	an Jan	
	ULD BE EXECUTED "PENDING" IN PR EF MEDICAL EXAM SED AS A BURIAL "HEALTH AND ME AL, CREMATION, C	NO	PART 2 DTHER SIGNIFICANT CONDITIONS O				a .		
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	2 본까도급했다.	MEDICAL CER	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		H DAY YEAR		ENTER NATURE OF INJURY IN ITEM 18 PART	OR PART 2)	
	E. WRITING TH WARDED TO PAGE 3 SHOU STATE DEPART, 21201 PRIOR	MED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJUI STREET, FACTORY, FARM		CATION STREET	CITY OR TOWN	COUNTY STATE	
•	MEDICAL EXAMINER COTE THE CERTIFICATION TO SEE A SHOULD BE FOR FUNERAL DIRECTOR FOR DEATH, WITH THE		ACTUAL SIGNATURE	e at the remains described a al causes Accider	Suicide M	TITLE (SPECIFY)	Undetermined manner .	DATE 5/3/17	
	534548.	23a.1	URIAL, CREMATION, REMOVAL 2		NAME OF CEMETERY	OR CREMATORY 2	23d. LOCATION CITY OR TOWN	COUNTY STATE	
07 / I 25M	DHMH - 17	24 8	UNERAL DIRECTOR	address	Sacred H	250. DATE REC		Mary's, Ma.	
	(VR A15 ME (5))	W	.Clarke Matti	ngley Leon	ardtown, Ma	rylanAUG 5	1901. Gulia 101	horal J. V.	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE CERTIFICATE OF DEATH

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5 SEP -8	87	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GENE / REG. N	2 4 4	0 9
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四亚		ORPRINT)	1 1 1	01	20 DATE OF DEATH	A 1	
90		- HANCES	5 While	Chewning	t t	tug. 28	1987 120 A
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北州和川	V	THER'S NAME FIRST	PDLE A LAST	15. MOTHER'S MAIDEN NA	AME MIDDLE	Ò	LAST .
E41/490		bristian S	treit Whi	re Laura	Virgin	ia M	Marinell
Vin		VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDR	P.O. Box	(511
10 9	N	E NO OR UNKNOWN) (IF YES, GIVE	WAR OR DAME	4135 Taba T14			NIV 2662
00.0		162 11944	1462 82 1-01	122312001 J. U	71116- H	amlin, V	A A ADDY
1 100		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line far (a), (b), o	nd h			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
2011			CAUSE (0) CONSIDER	ilmondelinest	1 1		
de de de			DUE TO, OR ASTA CONSEQU	ITALIES OF		A - 102 - 1	
Day of the Control of		Conditions, if ony, which				1000	
2 5 5 1		gave rise to immediate	(b) Neun	Come Comment	30 100		
9 9 9		cause (o), stating the underlying cause last	DUE TO, OR AS ACONSEQU	ENCE OF			
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of the second	N.	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MIN AL DISEASE OR CON	DITION GIVEN IN	PART Ira
11117	ATE	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE	E FINDINGS USED
1	PICATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IN CERTIFYING	CAUSES OF DEATH?
2	TIFIC	A SILVE TO THE PERSON NAMED IN			YES NO NO	IN CERTIFYING (NO [
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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28	FOR RATE GISTRAR			DEPARTA		EALTH AND MENTAL	HYGIENE	REG.) 4 No.	4	0
	ECEASED NAME	FIRST		MIDDLE	ı	AST	20 DAT	E OF DEATH	MONTH	DAY YEAR	26 HOUR
	EV	JA	1	DOROTHEA		CORSON		Auous	t 21	1987	4.0
3. SE		4.	RACE		5. DATE C	OF BIRTH	6. AGE	(IN YEARS LAST		MONTHS DATE	
	FEMALE	90.4	CAUCAS	SIAN	NOV	. 5, 1898	8	8	YRS	MOITING DATS	HOURS
70. B	SIRTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALT	IMORE CITY	OR COUNTY	OF DEATH	
P	ENNSYLVANIA	4	U.S.	.A.	WIDOWE			t, Ma	ryts	County	У
	eonardtov		I. NAME OF I	HOSPITAL, NURSIN HFACILITY, GIVE STREET Mary s	GHOME C ADDRESS) Hos	pital	(TYPE OF	UAL OCCUPA WORK FOR MOS MEMAKE	T OF WORKING LI		OF BUSINES
13a M	ARYLAND	136. COUNT		GIVE RESIDENCE BEFORE 131. CITY OR TOWN LEONARD	N	13d. INSIDE CITY LIMIT YES NO 🛣	CE	eet addres DAR_LA	S / ZIP CODE NE		550
D. F.	ATHER'S NAME LEWIS	MI	DDLE	GUMBLE		15. MOTHER'S MAIDEN GRACE	NAME	MIDDLE	west of	GREI	
	WAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT				1, BOX	
	(YES NO OR UNKNOWN)	(IF YES, GIVE V	AN OK DATES)	173-07-9	9838	ARTHUR W.	CORSON	, JR.,	LEXIN	GTON PA	ARK, M
	Conditions, if any, gove rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN	nediate g the last	(6)	SHONSEQUE LANG	rali	of Art	Suid TERMINAL DE	clou	Sáy	G)	M
NO.	The Circuston		2 6-101101	21418111271143 702	CAM SU) and the	TERMINAL DI	EASE DIE CO	APINON ON	1	
CERTIFICATION	1% DATE OF OPERAT	NON	IM. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	78s. YE5	AUTOPSYT	IN CERTIF	S, WERE FIND FYING CAUSE IS []	
1945-0	THE ACCEPTE WAS UND DECONTRIBUTING TO S (IN TITLES, NOTEY MEDIC	AUSE OF DEATH		FINJURY M. MONTH DA M.	Y YEAR	TIC HOW INJURY OC	CURRED (ev	ten marijate çar m	AUDIT ON OTHER DR.	FART OR FART 21	- 3/8
MEDICAL	THE PHILITY OCCURR	FT 10	FIR PLACE (A) HOME, ST	OF INJURY BET FACTORY OFFICE F	MM, E1C.)	21L LOCATION		CITY ON	town /	COUNTR	ijta
	22d I certify that (I) sow the decease obove, (I) (some DESCRIPTION OF THE SECULARY SINA 22d PHYSICIAN'S NA J. Patr	d olive on	the body	after death.	-	DEGREE ATTENDIN PHYSICIA 22e ADDRESS Leonard	NG MEDI	CAL ST TOR PHY	AFF		that (I) (See couses state E SIGNED
	BURIAL, CREMATION,	11	-		AME OF C	EMETERY OR CREMATO		LOCATION			
	BURTAT		8/26			ד דדנו יוש		CITYORTOWN		COUNTY	5T DA

DHMH - 16 60M 7/84

(VRA 15, 4)

etoined by the haspitol or

BP.

24 FUNERAL DIRECTOR

LEONARDTOWN, EDWARD N. BRINSFIELD, JR.,

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Julia Divideon Rombine

ST.	ATEC	E M A	RYLA	MD
211	AIRV	II mis	WILA	עווו

0.0000	FOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	GIENE 2 4	
063669 AUG 2	THERES	MIDDLE	CULLEN	2 DATE OF DEATH MONTE	DAY YEAR 26 HOUR
Sphray Story, page after deal	3 SEX	1 RACE	S DATE OF BIRTH MONTH DAY YEAR 7 6 00	6. AGE (IN YEARS LAST BIRTHDAY)	W UNDER LYEAR W UNDER 24 HIRS
1	74 BIRTHPLACE (STATE ORFOREIGN COUNTRY) Washington DC	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED TO NORCED DIVORCED	BALTIMORE CITY OR CO	UNITY OF DEATH
To the state of th	LEDNARDTOWN	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Apt 426 Cedar	G HOME OR OTHER INSTITUTION	12R USUAL OCCUPATION (179E OF WORK FOR MOST OF WORK Admin Asst	126 KIND OF BUSINESS OR
1/33	USUAL RESIDENCE (# NURSING HOME 13r STATE 13b CO Maryland St	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADM(SSION)	#426 Cedar	0 1 -
Tuesday of the same of the sam	M FATHER'S NAME FIRST	homas Culler	15 MOTHER'S MAIDEN NA	AME MIDDLE	Peyton
MORE,	16R WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECUR			Annapolis Road am Maryland
L. BALT physicio pipers emonali is even	PART I DEATH WAS CAU	anly ane cause per late for late to a sand	on Immant	alura	MANUEL ONGET AND DEATH
OI W. PRESTON 5 res that the death. all by the attention sale rethrow carbon rial, communition, or	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	prosest Dry	enia BrainSy	months
ORDS, 2 law requir law requir There pil rear to but	PART 2 OTHER SIGNIFICAN	/	LEATH BUT NOT RELATED TO THE TERT		IF YES, WERE FINDINGS USED
AL REC.	KTIFIC			YES NO	YES NO NO
4 OF VIII	2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ((IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH DA	Y YEAR	RRED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)
DING PHYS DING PHYS After this ce as the bursal-to to and Matter marked of Hi	214 INJURY OCCURRED WHILE MOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 2)1 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTEN solar or a RECTOR Ifor use a i. of Heal	saw the deceased alive above, (I) (1) did) (1)	spital) attended the dece sed ram an		death accurred on the date or	19 , that (I) (me) last and hour and from the causes stated
TAL. DIF HAL. DIF HAL BER HALE	226 SIGNATURE	Lawrey		MEDICAL STAFF	8/9/87
TO HOSPIT Estimate by TO FUNER MODELS of MEDHITAN	James J	arboe MD		town, Maryla	ind
BP	Burial CREMATION, REMOVA		Olivet Cemetery		county STATE
DHMH-16 25M {VRA 15, 4} 1/79	^{24 FUNERAL DRESBErt} E Funeral	Wilhelm ADDRESS	land, MD. Alla	TE REC D. BT REGISTRAR 230. R	

AUS 2.4 1997

064338

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

JJB SEP	21	GISTRAR				CERTIF	ICATE OF DEATH	RE	G. NO.		4
		CEASED NAME	FIRST		MIDDLE	ı	ASI	20. DATE OF DEA		DAY YEAR	2b HOUR
poge 3	(117)		TOHN	KELI	DAV	IS.	SR.	August	26,	1987	1:20Am
mo)	3 SE			4 RACE		S. DATE C	F BIRTH	6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS BATS	
ge 4		Male		Whi	te	Jun	e 6,1925	62	YE		MIN.
4 19 19 1		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CI	TY OR COU	NTY OF DEATH	
		MD.			.S.A.	WIDOWE	D DIVORCED			County	MD.
18-7	10 C	TY OR TOWN OF DEA	TH :	11. NAME OF I	HOSPITAL, NURSIN	G HOME C	ROTHER INSTITUTION	12a USUAL OCCL			OF BUSINESS OR
5 19		Leonardtov			. Mary's		ital	Farmer		Far	m
od de de	13a. S	AL RESIDENCE (IF NURS	136 COUN		13c. CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e STREET ADDR	ESS / ZIP_C	ODE	
		MD.	St.	Mary's	Chaptio	00	YES NO XX	P.O. Bo	x 95,	/20621	
ompletely and 2 sh	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA/	WE	DIE		ist
omple on the condition of the condition		George		rent	Davi		Martha			Davi	
dica dica		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT Wif		DDRESS	P.O. B	
S. Po		No			220-16-	-4266	Rebecca Ar	nn Davis		naptico	
ysicii oper wol.		18 CAUSE OF DEATH	H (Enter on	ly one couse per			' 0	2	2062.	BETWEEN	XIMATE INTERVAL HONSET AND DEATH
in certifica inding phys preparation of certification of the certificati		PARTI DEATH W		E CAUSE (a)	me ta	stal	re Paneres	Arc Ca	neino	na p	nas
tending te Gre on, or r				DUE TO, O	R AS A CONSEQUE	NCE OF					
deo de		Conditions, if any,		(b)_							
the rem		couse (o), statin	g the	DUE TO, O	R AS A CONSEQUE	NCE OF					
d by leose iol, cr or oth		underlying couse	lost.	((c)							
gne gne buri	7	PART 2 OTHER SIGN	VIFICANT (CONDITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART 1	101
requestre sor to	CERTIFICATION										
low s be	ICA	19a DATE OF OPERAL	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF IN CE	YES, WERE FIND RTIFYING CAUSE	
The con	RTIE						Ta	YES NO		YES	NO 🗌
AN: hysin hysin Hy 18 s		218. ACCIDENT WAS UND		216. TIME O	FINJURY M. MONTH DA	YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE O	FINJURY IN ITEM	18 PART OR PART 2)	
SICI ng p	ICA	I IF EITHER NOTIFY MEDIC	AL EXAMINER) P.		19					
HOSPITAL OR ATTENDING PHYSICIAN: uned by the hospital or offending physicians. FUNERAL DIRECTOR After this certificate but be detached for use as the buriol-tran hithe State Dept. of Health and Mental Hyporrant: if them 21 is marked or them 18:1	MEDICAL	214 INJURY OCCURE		21e PLACE LAT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
ING oster orke		WHILE NOT WH				0 /			1-	60	
ON O		220 I certify that III		15	e deceased from	7/	nd that is (my) (aur) opinion	double serviced	L-Co	19 0	, that (I) (we) last
ATT Sector d for t, of m 21		above, (1) (we) (c	lid)(did no	t) view the body				death occurred on t	ne dote ond		
OR DIR		22b. SIGNATURE	/	10	12		DEGREE ATTENDING	MEDICAL	STAFF	776 DAT	E SIGNED
ERAL Store		22d. PHYSICIAN'S NA	- K	(CY		10	PHYSICIAN 1220 ADDRESS	DIRECTOR PH	YSICIAN [0/	26/17
HOSP med b FUNE uld be		4 - 2 - 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5						3//3 0/	VC C C		
etoined by TO FUNERAL should be de with the Stort		David A					Leonardtow				
F 5 F 0 > 31	23a 8	SURIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
BP		Burial		8/29	/87 St	t.Jos	seph's Cem.	Morga		STM	MD.
DHMH - 16 60M 7/84	24 FI	UNERAL DIRECTOR			ADDRESS			E REC'D. BY REGIS	TRANSS RE	Davidson-P	ingle inc
(VRA 15, 4)	W.	Clarke M	atti	nglev	Leona	ardto	own, MD. AUG	3 T 1901	1	-	

| Angres | 26, 1 7 | 1:20a

DECEASED NAME

FEMALE

ID CITY OR TOWN OF DEATH

PATUXENT RIVER

FIRST ROBERT

IYES. NO OR UNKNOWN)

BIRTHPLACE ISTATE OR FOREIGN

SUSAN

4 RACE

ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

MARY

CAUSE OF DEATH (Enter only one cause per line for ya), (b), and (c).)

MIDDLE

NORMAN

I (IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (0

22a I certify that (I) (this hospital) attended the deceased from

abave, (1) (we) (did) (did nat) view the body after death.

136 COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES

PART I. DEATH WAS CAUSED BY

Conditions, if any, which gave rise to immediate couse (a), stating

underlying cause

190 DATE OF OPERATION

21d INJURY OCCURRED

23a BURIAL, CREMATION, REMOVAL

AT WORK

226 SIGNATURE

710. ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

AT WORK

saw the deceased alive on

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

WILLIAM D. BOYD, II

RUTH

TO CITIZEN OF WHAT COUNTRY?

NAVAL HOSPITAL

LEONARDTOWN

166 SOCIAL SECURITY NO

217-44-3193

LAST

YATES

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

716. TIME OF INJURY

21e PLACE OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

CAUCASIAN

LIVPE OR PRINTI

COUNTRY MARYLAND

13a STATE

NO

CERTIFICATION

MEDICAL

MARYLAND

14 FATHER'S NAME

1 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH O

DAY

MARRIED NEVERMARRIED

25, 1904

13d INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

FIRST

21c. HOW INJURY OCCURRED

ATTENDING

PHYSICIAN

211 LOCATION

22e ADDRESS

DEGREE

MARY

17 INFORMANT

DIVORCED [

& AC

13e S

LAST

DELAHAY 5. DATE OF BIRTH

MONTH

DEC.

WIDOWEDT HOSPITAL, NURSING HOME OR OTHER INSTITUTION

ENE 2 REG. NO	4 4	1	J		
20 DATE OF DEATH	HTMON	DAY YE	AR	26 HOU	R
AUGUS	ST 28	. 198	37	10:	29 P
AGE (IN YEARS LAST BIRTH		IF UNDER 1	_	# UNDER	
82	YRS.	MONTHS	DAY5	HOURS	MIN.
9 BALTIMORE CITY O		OF DEA	TH		
ST. MARY	15				MD
12a USUAL OCCUPATE	NC			BUSINE	
HOMEMAKER	WORKING LI	FE) INDU	STRY		
13e STREET ADDRESS					
RT. #2. B	OX 19		20	650	
MIDDLE			LAST		
RUTH			BEL	L	9
RT. APPIE	SS BOX	11			537
IAY, LEONARI	DTOWN	. MD.	20	650	
		BET	PPROXIM	ATE INTER	DEATH
int Ins	4201	04	141	WYT.	-5
	300			577	
NAL DISEASE OR CONT	DITION GE	VEN IN PA	RT I(a	-	
20a. AUTOPSY?	206. IF YE	S, WERE F	INDIN	GS USE)
YES T NOT		FYING CA	USES	OF DEAT	H?
ED (ENTER NATURE OF INJUR			RT 2)		
CITY OR TOW	M	COUNT	ſΥ	SI	TATE
dade	47				

0 ě. and Mental Hygie certificote of Heolth DIRECTOR: TO FUNERAL DIR should be detach with the State Dep etoined

Sho 80 Feb 0 morked 21 is Ŧ * MPORT

PHYSICIAN:

DHMH-16 60M 1 '73 (VRA 15 (41)

BURIAL ST. FRANCIS XAVIER 24 FUNERAL DIRECTOR EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

23b. DATE

23d LOCATION 236 NAME OF CEMETERY OR CREMATORY

STAFF

and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated

DIRECTOR PHYSICIAN

22c DATE SIGNED

8

20650

COMPTON MARY'S. 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

1987 SEP 8

MEDICAL

17 JEFFERSON ST., LEONARDTOWN, MD.

eath. Page 4 may be 2 2 9 0

1 - STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

257	1 A11	4	REGISTRAR				REG. NO		1
2 3 1	I AU	4	EN ED NAME FIRST	MIDDIE	LA	ST	20. DATE OF DEATH	AONIH DAY YEAR	26 HOUR
y be			BENJAI			FARRELL JR	August 6	1987	8:36Pm
T. p		3 50	X 4	RACE	5. DATE OF	BIRTH YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DATS	
ige 4			Male	White	Apr.	15,1935	52	YRS	
h. Po	100	70 E	IRTHPLACE (STATE OR FOREIGN 7)	b. CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	BALTIMORE CITY OF		
death	3	1	MD.	U.S.A.	WIDOWED	DIVORCED [St. Ma	2	MD.
s ofter of by the filled with	76	L	eonardtown	1. NAME OF HOSPITAL, NURSING	7 S H	ospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Truck Dr	WORKING INE INDUSTRY	OF BUSINESS OR Cream C
n 24 hou	A	13o.	AL RESIDENCE (IF NURSING HOME OR O STATE D. St.		N 1	13d. INSIDE CITY LIMITS? YES NO 💢	13e STREET ADDRESS / Star Rout	ZIP CODE Ce Box 98,	/20609
11/6	430	14. F	ATHER'S NAME	IDDLE LAST		15. MOTHER'S MAIDEN NAM	E		457
P 7	138			homas Farre	11	Blanche	Elizab	eth Gra	aves
p p	4		WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRES	SS	1,3394,15
be ex	Ted		es-Army 1958-		-695	Mary Fran	ces Farre	ell, same	as 13e.
th certificate nding physici	or removal.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		Sta	tic Square	ma Cell Ca	APPRO BETWEEN	Z GU
the offer	remotion	k	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF				
		z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIVEN IN PART 1	а
he los per	112	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATION	WAS PERFORMED	200 AUTOPSY? YES NO NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
CIAN: T physical references	om 18 s	(a)	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART ?)	
trending trending the buri	and Mer	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		21f LOCATION STREET	CITY OR TOW	vn COUNTY	STATE
TTENDING pitol or o	of Health		22a I certify that II (this haspita sow the decrease of yold naty	4. / /	6) and	that in (my) (out) opinian d	to #/6	te and have and from th	that (we) lost se causes stated
y the hos	ore Dept.		276. SIGNATURE	(fle	1		MEDICAL STAF	_ 2	E SIGNED
O HOSPI etained b	MPORTANT		David Alle	en, M.D.		Leonardt			
BP			BURIAL, CREMATION, REMOVAL (SPECIFBURIAL)	810-87 Sa	cred	METERY OR CREMATORY Heart Cem.		l,St.Mary	
DHMH - 16 (VRA 1.			uneral director . Clarke Matt	ingley,Leonar	dtown	MDAUG 1 1	REC'D. BY REGISTRAR 2	Sh REGISTRATE SIGN	LURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	REG. NO	1	5
-			

0 3	3 2 U AUG	(TYP	E OR PRINT)	FIRST		MIDDLE		AST		Te DATE KNOW	HINOW X	DAY YEAR	26 HOU
	ASE JRS - LES - LE			Marga		Janet		rko		DEATH MATED	8/	18/19 87	
	PY, PLE DIRECTION DUR FILL 72 HOI	3 SEX		RACE HITE	JAN. 22.	YEAR 6 AGE (IN YI LAST BIRTHE	AY) MONTH		URS MIN	PRONOUNCED DEAD	8/	18/ 19 87	HOU II:
	NASSA.		RTHPLACE (STATE	OR	76 CITIZEN OF WH	IAT COUNTRY?	T.	D NEVER	MARRIED [9 BALTIMORE CI			
	828 E		ILLINOIS		U.S.A	Α.	WIDOWI		NORCED -	St. Mary	's Cour	nty	M
1	ZEE BEE	10 C1	TY OR TOWN OF	DEATH		PITAL, NURSING HOM	E, OR OTHE	RINSTITUTION		MAL OCCUPATION		126 KIND OF BU	JSINESS
1	355 AZ	Pa	tuxent R	iver	Patuxent	t Naval Hos	spital			OMEMAKER			
1	E R	MA MA	RYLAND	1136. COUNT	MARY'S	GREAT MII	1	YES X N	0 🗆 .	REET ADDRESS 315 CALLA	HAN DRI	VE 206	34
W	E-NOE 77	14 FA	THER'S NAME FIRST		WIDDLE	LAST		15. MOTHER'S		E MIDDLE		LAST	
ORE	A SES A SO		JOHN			DRUGA		ANNA				ROBNAK	
TIMO	ON LES TER	(YI	AS DECEASED E	(IF YES, GIVE Y	AED FORCES? WAR OR DATES}	166 SOCIAL SECURI		17. INFORMAN		315 CALLA			
BAL	S AF GIVISION		NO			309-09-31	.08	GARY F	ERKO,	GREAT MIL	LS, MD.		
(ST.,	MA 18. WG W RMIT. NE, D.		PART DEAT	H WAS CAUSED		for (o), (b), and (c).) Metas	statio	Carcir	noma of	Breast		BETWEEN ONSE	T AND DEAT
O	124 ALONA T PER OVA			IMMEDIAT	E CAUSE (0)	AS A CONSEQUENCE	-	1					9
PRES	ANSI HER			if any, which	(b).							7.000	
W.	ED WILL-TR.			ting the under-	< 1-1	AS A CONSEQUENCE	OF			TYL			
5, 20	NO ARIA		2127 2 271172 (121117		(c)							1	
AL RECORDS, 201	BE EXENDING EDICA S A BL LTH AI	NO	PART 2 UTHER SIGNIF	ICANI CONDITIONS C	ONTRIBUTING ID DEATH I	OUT NOT RELATED TO THE TER	AINAL OISEASE	OR CONDITION GIVE	EN IN PART 1 (e).				
L RE	PEN	CERTIFICATION	190. DATE OF OF	PERATION	196. CONDIT	ION FOR WHICH OPE	RATION W	S PERFORMED)?		0.019.7	20 AUTOPSY	2
N N	S S S S S S S S S S S S S S S S S S S	Ē										YES 🔀	NO [
DIVISION OF VIT	TIFICATE SHOULD STHE WORD "P TO THE CHIEF HOULD BE USED ARTMENT OF HE		210 EXTERNAL C UNDERLYING CONTRIBUTING		216. TIME OF HOUR A.M.	MONTH DAY YEA	R 21c HC	W INJURY OC	CURRED IENTER	NATURE OF INJURY IN ITE	M 18 PART I OR PAR	17 2)	
VISIO	CERTING DED T 3 SH DEP	MEDICAL	214 INJURY OCC	URRED	21e PLACE C	OF INJURY (AT HOME,	211 LOC	ATION					
ā	WRIT WARD WARD WARE TATE	\$	AT WORK	T WORK	STREET, PACT	ONY, PARM, ETC.)	31	KEEI		CITY OR TOWN	COU	INTY	STATE
	ATE, TORWARE, P.		220 1 certify t	hat Took charge	e of the remains desc	cribed above, held an	Autops	X Ins	pection .	Inquiry .	and in my api	inion	100
	MIN FECT FILT FLA		death resulted	Notur	ol courses X	Accept, Si	Neide .	Homicide	Unde	termined manner			
	HE CER HOULD HOULD TH, WILL WILL WILL WILL WILL WILL WILL WIL		ACTUAL SIGNATURE	lem	ust	hun ho	nux	ASSIS		DICAL EXAMINER	DATE SIGNED	8/20)/87
	EXECUTE THE EXECUTE THE PAGE 4 SHC TO FUNERAL AFTER-QEATH BALTIMORE,	1	EXAMINER'S NA (TYPE OR PRINT)	ME D	ennis F. S	Smyth, M.D.				n St., Ba)1
	DAY DE PART	23e.B	JRIAL, CREMATIO			23c. NAME OF CE			23d L	OCATION	COUN		7.475
07/84	BP		BURIAL	8	3/24/87	ST. MAI	RY'S		EV	ERGREEN P	DADK CO	OF TITE	INOIS
25M	DHMH - 17 (VR A15 ME (5))		WARD N.		ELD. IR	LEONARDTO	WN M	D 250.	AUG 2º	6 1987	REGISTRAP'S	GNATIONAL	2
	(VK A15 ME (5))	1 2	אויייייי זעיייי	DICTION	و ۱۸۰ ولاتاتا	LEUNAKUIC	WIN, M	D.					

AUG 26 1992

62570 AUG	-	FOR STATE GISTRAR			ARTMENT OF I	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	REG.		1	
nay be page 3		CEASED NAME FIRST OR PRINT! BERNARD	LEO	N	GRAVE	S .	August 6,		AY YEAR	12:33P _M
ofte.	3. SE	Male	White	е	June	14°,193'5°	6. AGE INVEARSTASTE		ONTHS DAYS	IF UNDER 24 HRS
death. Page funeral direct thyn 72 hours		RTHPLACE (STATE OR FOREIGN OUNTRY) MD TY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY? MARRIED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR C				9 BALTIMORE CITY St. Mary	or county	ty	MD.
2 45		onardtown			ospital	OK OTHER INSTITUTION	TAPE OF WAR FORMOST			arm
Alled in by the	llo. S	THER'S NAME	ary's	Love	ville	13d INSIDE CITY LIMITS? YES NO 1				
Ompited of the state of the sta	14- 14		lbert	Gra		Mary 17 INFORMANT	Viol		Hayo	
hicate be executively by sicion and company of the papers. Pages to any the medical	- (S-Air Force 18 CAUSE OF DEATH (Enter an	E WAR OR DATES) 58-62 ly one couse per	212-	38-405	Catherine		s, sai		13e.
requirement the great certification of the certific	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, O (b) DUE TO, O (c)	R AS A CONS	SEOUENCE OF	NOT RELATED TO THE TER.	dena	NDITION GIVE	N IN PART 11	07.
in. The law re hysician. Icate has been cansil permit. Hygiene prior 18 shows any i	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
SKCIAN; T ng physic certificate urial-transi tental Hyg Item 18 sh	MEDICAL CER	210 ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN	JURY IN ITEM TO PA	RT I OR PART 2)	
After this e as the bu	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21s. PLACE (AT HOME, STE		FFICE, FARM, ETC)	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
R ATTENDIN hospital or IRECTOR: Af hed for use o ept. of Health		22a L certify that (1) (this hospi saw the deceased alive on above, (1) (we) (did) (did no 22b. SIGNATURE				, 19, 19		date and havr		
TO HOSPITAL O retained by the TO FUNERAL D should be detact with the State D IMPORTANT; If I		N. Shah, M.		Re	1	ATTENDING PHYSICIAN 27e ADDRESS Leonardto	DIRECTOR PHYS			
Bb T W W W W W W W W W W W W W W W W W W	23a E	SPECIFY Burial	236. DATE 8-10	-87		EMETERY OR CREMATORY Memorial	Leonard	ltown,	St.Mai	ry's MD

DHMH - 16 60M 7/84 (VRA 15, 4)

Charles Memorial

Leonardtown, St. Mary's, MD.

Burial 8-10-87 74 FUNERAL DIRECTOR
W.Clarke Mattingley, Leonardtown, MD. AUG

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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CENT!	7001 . January	THE P	
	toraid a higher . Is		
			modbarcosi

AUS L.L.

DHMH - 17 (VR A15 ME (5)) 15M 7/77

24 FUNERAL DIRECTOR

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

62366

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG	IENE 7 2	4 4 1	8
AUG		DR PRINT)	MIDDLE	MIDDLE LAST			MONTHY DAY YEA	R 26 HOUR
	31174	RUSSEI	LL LOWELL	. HA	YWARD	August	6, 1987	6:54Am
	1. SE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER LY	
	N	fale	Black	MONTH	57 1917	70	YRS MONTHS DA	AYS HOURS MIN.
2		RTHPLACE (STATE OR FOREIGN COUNTRY) MD.	76 CITIZEN OF WHAT COUN	MARRIE	NEVER MARRIED	St. Ma	R COUNTY OF DEATH	1
1		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NO	AME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION			ION 126 KIN	ID OF BUSINESS OR
L		Leonardtown			Hospital I	Radar Equ	ip.Spec./	U.S.Gov.
33	The S	AL RESIDENCE (IF NURSING HOME OR STATE MD. 136 COUN	Mary sLex.	JOWN Park	136 INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE -8/2	0653
81	5 50	Titus	MIDDLE Haywa	rd	15. MOTHER'S MAIDEN NAM Jesse	MIDDLE	Birkhea	
/		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) CES—ATMY		SECURITY NO. 16-2086	Maggie Hay		ss 19 Camb xington P	
	ICATION	gove rise to immediate couse ol, stoling the underlying couse lost PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONS	RTRS (T 1ra
7	#					YES NO YES NO		
5	AL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	7)
/	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY		21f LOCATION STREET	CITY OF TO	vinuo) nw	STATE
		22c. I certify that (I) (this hosped sow the deceased alive on above	ottended the deceosed for the deceoped f	(2 -7	nd that in (my) (and apinion of	to AUG lo	ote and hour and from	, that (I) (wet lost the couses stated
		276 SIGNATURE	Bennits			MEDICAL STA DIRECTOR PHYSIC	FF	ATE SIGNED
		John Ber	nett, M.D.		Califo Califo	rnia, Md		
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
		Burial	8-11-87	St. Ma	rk's Cem.	Valley	Lee STM	MD.
34	24 FU	UNERAL DIRECTOR	ADDI	RESS	250 AU	G TO BY REGISTRAR	256 REGISTRAR'S SIGI	NATURE
	TaT	Clarko Matti	naless Loon	andtown		0 1001	Notice Minds	on Kandally

W.Clarke Mattingley Leonardtown, MD.

DHMH - 16 60M 7/ (VRA 15, 4)

and the same of the Aller of the Aller

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

			- (1)				MOUR
I DECEASED NAME FIRST (TYPE OR PRINT)	SH C4	LAIR '	HEARO	20 DATE OF DEATH	8 7	87 "	150 "
3. SEX	4 RACE	S. DATE C	DF BIRTH	6. AGE (IN YEARS LAST BE	YRS.	THE DAYS IN	CHARLES HAS
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD .	76 CITIZEN OF WHAT CO	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O	ORCOUNTY OF Mary's	DEATH	WE
LEONARDTOWN	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING (IFE)	126. KIND OF E	usiness or
THE STATE 1126 COUNT	Mantelal	nce Before Admission) OR TOWN Onardtow	136 INSIDE CITY LIMITS?	13. STREET ADDRESS General		ry/200	550
		leard	15. MOTHER'S MAIDENN FIRST Cora	M .		Yates	
160 WAS DECEASED EVER IN U.S. AR/ (1985, NO OR UNKNOWN) (18 YES, GIVI	E WAR OR DATES)	-22-0470	JoAnne Cho		2 ^s , Box		2065
	DUE TO, OR AS ALCO	ONSTRUCTION CE CIE	1 100	111 /	1		
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CO	DINSEQUENCE OF	NOT HELMED TO DIMPTER PENFECTER WASPERFORMED	28s AUTOPSYT	285. IF YES, W IN CERTIFYIN	ERE FINDING G CAUSES OF	DEATH?
gave rise to immediate cause 101, stating the underlying cause last PART 2 OTHER SIGNIFIEM PART 2 OTHER SIGNIFIEM 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED	DUE TO, OR AS A CO	ING TO DEATH BUT WHICH OPERATO NTH DAY YEAR 19	restata	200 AUTOPSYT	TOL IF TES, WIN CERTIFY IN YES TURY IN ITEM 18 PART	ERE FINDING G CAUSES OF	S USED DEATH? NO STATE
PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN 11a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA 11f. INJURY OCCURRED WHILE NOT WHILE AT WORK 27a I certify that (1) (1) control (1) con	DUE TO, OR AS A CO (c) 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTOR)	NTH DAY YEAR 19 YY, OFFICE FARM ETC.)	21c HOW INJURY OCCU 21i LOCATION STREET 19 nd that in (my) (RRED (ENTER NATURE OF IN)	DR. IF YES, WIN CERTIFYIN YES URY IN ITEM 18 PART	COUNTY the draw the country	STATE It (we) los
Gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICAN 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER AT WORK NOTIFY MEDICAL EXAMINER 22a.l certify that (I) (this beautify that (I) (this beautify)	DUE TO, OR AS A CO (c) 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTOR) WHEN THY BOOK STREET	ONSEQUENCE OF INIG TO DEATH BUT WHICH OPERATO NTH DAY YEAR 19 Y Y, OFFICE FARM ETC.)	216 HOW INJURY OCCU 211 LOCATION STREET 19 19 ATTENDING PHYSICIAN 22e ADDRESS	RRED (ENTER NATURE OF IN) CITY OF TO	OWN 19 Date and hour an	COUNTY	STATE It (we) loss uses stated

W. Clarke Mattingley, Leonardtown, MD

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

FOR STATE

3798 AUG

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	1	40	
2	à Ph	EASED NAME FIRST	· ·	AIDDLE	- 1	AST		ONTH DAY	YEAR # 21	HOUR
1	3.0	Murtle	R	uth	He	erpich	Hugust	19	1986	6 50 M
	3 SEX		4. RACE		5. DATE C		& AGE (IN YEAR LAST BIRTH			FUNDER JAHRS
J	, f	emale	white		Octo	ober 17, 1892	94	YRS.	NIHS DAYS H	HOURS MIN.
1		RTHPLACE STATE OF FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8	□ NEVER MARRIED □	9 BALTIMORE CITY OR		F DEATH	
		laryland	USA		WIDOWE		Washingt	an C	34 stv	MD
	10 CI	TY OR TOWN OF DEATH			NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION		12b. KIND OF B	_
П	P	macham	Fahros	H FACILITY, GIVE STREET	ADDRESS)	ome.	housewi		INDUSTRY	
7		AL RESIDENCE (IF NURSING HOME OF								
	N	Maryland Wash	ington	Hagerst		YES X NO 1	215 Sum		re. 2:	1740
	14. FA		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST	
		William	R.	Harp		Margaret	Este		Zimme	erman
1		/AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDRES:			
И		10		186 30 /7	148/	Roger E. Pen	mberton, Hag	erstow	m, Md.	
ì		18 CAUSE OF DEATH (Enter or	ly one couse per	lipedoviki, W.Con	nd ici.	10	/		BETWEEN ONE	TE INTERVAL
1		PART I. DEATH WAS CAUSE	D BY. E CAUSE (o)	110016	111	occorrede				
		MINEDIA	0.00		ENCE OF	·				
		Canditions, if any, which	1	R AS A CONSEOU	ENCE OF				100	
		gove rise to immediate couse [0], storing the	(b)							
4		underlying cause lost.		R AS A CONSEOU	ENCE OF				175	
		PART 2 OTHER SIGNIFICANT (ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAI DISEASE OR CONDI	TION GIVEN	IN PART 1/0	
	Z	TAKE 2 OTTER SIGINFERRING	.0.401110143 <u>cc</u>	NATION NO TO	DEXIII	NOT RELATED TO THE TERMI	IVAL DISEASE OR CONDI	TION GIVEN	IN PART ITO	
A	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, V	WERE FINDING:	S USED
/	IFIC						YES TI NOT	IN CERTIFYIN	NG CAUSES OF	P DEATH?
Н	ERI	21g. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY		21c. HOW INJURY OCCURR				40 🖺
Н		OR CONTRIBUTING CAUSE OF DEA	in -		AY YEAR					
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 216 INJURY OCCURRED	21e PLACE (19	211 LOCATION				
	ME	WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, I	FARM, ETC.)	STREET	CITY OR TOW	1	COUNTY	STATE
7	23	22a 1 certify that (1) (this haspi	(al) attended the	deceased fram_	Septem	ber 19 19 83	10 August 1	9	87_ tho	ot (II (we) lost
		saw the deceased give an obove, (I) (we) (did) (did no	August	16 19_	87 , an	d that in (my) (aur) apinian d	eath occurred an the date	and haur a	nd from the car	uses stated
		22b. SIGNATURE	THE WINE GOOD	oner dedin.		DEGREE			22c DATE SK	GNED
		& Note	m/ 11.	W		ATTENDING PHYSICIAN	MEDICAL STAFF	ND	8-20	17
H		224 PHYSICIANS NAME THE	Toph .	1	1	22e ADDRESS	12 0/6	10/1	1 1	, 1
	0.2	FK.	Rand	(7/1/84)	1	3 /2 /2	ya Wirl	9/108	Hee	Vat
-	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	1 22	NAME OF C	EMETERY OR CREMATORY	234 LOCATION	- 01		12/
	A	SPECIFYL -	130.0012	2007	TAME OF C	CITE IERT OR CREMATORT	- GITY OR TOWN		OWNTY	a STATE -

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR

(VRA 15, 4)

burial Aug. 22, 1987

Myersville Lut.Ch.Cem.

Myersville, Fred., Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

74 FUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Md. 21740

Alle 9

4622 SEP-	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 REGISTRAR	
	T. DECEASED NAME FIRST MIDDLE LAST , 20 DATE KNOWN MONTH DA	YEAR 26. HOUR
취유학중단	FLORINE AGNES JOHNSON DEATH MATED AUG. 2	28,1987
RY, PLE DIRECTO OUR FIL 72 HOU	Female White Jan. 13, 1902 85 YRS. IF UNDER 1 YR. IF UNDER 24 HRS. 7c. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD	AY YEAR 26 HOU
ECESSA ONERAL MITHIN	To BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD. 7.5 CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 1 BALTIMORE CITY OR COUNTY OF WIDOWED 1 BALTIMORE CITY OR COUNTY OR CO	
ELAY S TO THE P PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAG	Leonardtown St. MARY'S HOSPITAL FOR MOST OF WORKING LIFE) Housewife	or industry Home
# 150 B	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 STATE 1136 COUNTY 1137 CITY OR TOWN Clements 134 INSIDE (ITY LIMITS? 138 STREET ADDRESS General Delivery,	/20624
AND	Joseph Arthur Raley Is MOTHER'S MAIDEN NAME FIRST AND FLORING GU	uy
FTER I FOR FOR	No life. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-76-1230 Catherine J. Wible, same	as 13e.
ORDS, 201 W. PRI E EXCLIFED WITH DING: IN PERICIL DING: IN PERICIL DING: IN PERICIL TAND A PERICIP EMATON: CS REI	Canditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF Lying cause last. (c) PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in	
COULD BEE COULD	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 190 DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	AUTOPSY?
DIVISION OF VITAL RECORDS S CERTIFICATE SHOULD BE THE RITING THE WORD "PENDING ROED TO THE CHIEF MEDION ES 3 SHOULD BE USED AT ALL ES DEPARTMENT OF HEALT OF PROR TO BURIATO CREATI	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED 317. STREET, FACTORY, FARM, ETC.) 318. STREET 318. TIME OF INJURY 318. HOW INJURY OCCURRED 319. STREET 318. TIME OF INJURY 319. STREET 319. STR	YES NO
PIVIS WRITIN WARDED WARDED WAGE 3 WATE DE	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY	STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PEN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS BALTIMORE, MARYLAND, 21201 PROR TO BURIATO CR	220 I certify that I took charge of the remains described above, held an Autapsy , Inspection A, Inquiry and in my apinion death resulted fram: Natural cause , Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE	43/87 MD
07/84 BP	236 BURIAL, CREMATION, REMOVAL 23b DATE Burial 8-31-87 236 NAME OF CEMETERY OR CREMATORY CITY OR TOWN Charles Memorial Leonardtown St. March 1988 1888	STATE MI
25M DHMH - 17 (VR A15 ME (5))	W. Clarke Mattingley Leonardtown MD.	in the state of th

SEP 0.2 1987 CONTRACTOR

DHMH-16 25M (VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7)	1	13	.)	5
REG NO	64	0.3	6.00	Com

	REGISTRAR						G NO.				
1 DE	CEASED NAME FIRE	ST A	AIDDLE	LA	AST	2R DATE OF DEA	ТН момтн	DAY	YEAR	2h HOU	
(1146	MAM:	IE IRE	NE	JONES	5	AUGUST	28.	1987	-6.1	2:3	A
2.65		4 RACE		5 DATE O		& AGE (IN YEARS LA		IE UNDE	RIYEAR	IF UNDER	24 HR
3 SE			21 134	MONTH	DAY YEAR		at aminophit	MONTHS	DAYS	HOURS	MIN
Fe	emale	Blac	k	May 4	4, 1916 YEAR	71	YR				
	IRTHPLACE (STATE OR FOREIGH	N TE CITIZEN OF	WHAT COUNTRY	? 8		9 BALTIMORE CI	TY OR COU	NTY OF DE	ATH	100	
	OUNTRY)	II C	7		NEVER MARRIED		Mary				
	Α.	U.S.	-	WIDOWE							- 1
10 CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSI H FACILITY, GIVE STREE		R OTHER INSTITUTION	178 USUAL OCCL			KIND O	F BUSIN	ESS C
Le	exington Pa	ark Baysi	de Nur	sing (Center	Maid			J.S.	Go	vt
	AL RESIDENCE (IF NURSING H							-			_
13a. S	STATE 113h	COUNTY	13c CITY OR TO		134 INSIDE CITY LIMITS?	13R STREET ADDR	ESS .		10	0000	7
M	\mathbf{D} . \mathbf{S}^{1}	t.Mary's	Ridge		YES NO	Genera	ar be	rivei	TY/	2008	1
14. F/	ATHER'S NAME				15. MOTHER'S MAIDEN NA						
	Chester	WIDDLE	Vaugh	an	Mary	Ιầο	310	(Gree		
							DDRESS				
	WAS DECEASED EVER IN U	S. ARMED FORCES?	146 SOCIAL SEC		17 INFORMANT						
No			116-18	-5911	James A.	Jones	sar	me as	3 13	Be.	
	In course or province		1 - 1 - 1	-1				1.	APPROX	MATE INTE	PVAL
1	18 CAUSE OF DEATH (EC	TAUSED BY	. /								DEAL
	IMM	AEDIATE CAUSE (0)	Phous	nonia					2-	34	
CERTIFICATION		Comatos	20	7 /	Massive Con was performed	/	206. IF	PES, WER	PZ &	VGS USE	
1 8						YES T NO	>	RTIFYING (CAUSES	OF DEA	
1 2			E MILLIEN		Tal. How bulley occurs				0.0101	140 [
Ü	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE	110110	M. MONTH	DAY YEAR	214 HOW INJURY OCCUR	KED (ENIER NATURE C	MINIORA IN IEW	IS, PART I OR	PART 21		
13	IN EITHER, NOTIFY MEDICAL EX	OFDEATH		19							
MEDICAL	214. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION			7.7			
X	WHILE NOT WHILE	(AT HOME, STE	REET, FACTORY, OFFICE	E, FARM, ETC	STREET	CITY	OR TOWN	COL	TIMIT	S	TATE
	AT WORK					77	1-0		1/2	_	_
	22a.1 certify that (1) (this	hospital) attended th			19 86	10 0/	10	19	-	though	(we)
	sow the deceased of	did not hiew the body	19_	on on	nd that in (our) opinion	death occurred on	the date and	hour and f	rom the	couses st	oted
	771 SIGNATURE	did not) Flew the body	otter death.		DEGREE			22	DATE	SIGNED	
	11	() (8	2		ATTENDING	MEDICAL	STAFF		01	10	1
	1 town	2 //	_		PHYSICIAN E	DIRECTOR P	HYSICIAN 🗌		0/	28/	8
	224 PHYSICIAN'S NAME				22R ADDRESS					7	
	David Al	len M.D.			Leonardt	own, MD	. 2065	50			
	l .		-								-
	BURIAL, CREMATION, REM				EMETERY OR CREMATORY	23d LOCATION	N -	- COUNT	1	SI	HER
1	Burial	9-1-	87 I	amily	Cemetery	Pownat	an, E	owna	itan	,	VA
24 5	UNERAL DIRECTOR				Isa DAT	E REC'D. BY REGIS	TRAR 75h REC	GISTRAPE	SIC. D	17 (4)	5
	NAME		ADDRESS			01 108	7	7,4000	-		
W	.Clarke Ma	ttingley,	Leona	ratow	n, MD.	01 100					



VOID DEATH CERTIFICATE NUMBER ---87-24423

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of the second				

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	1	. 1	">	Z
REG. NO	4	ola g	die	(/)

2572 AUG	13	FOR STATE GISTRAR	DE		FICATE OF DEATH	GIENE 2 4	42	Fang
	I. DE	CEASED NAME FIRST	MIDDLE	100	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
p 4	(TYPE	CHAE	RLES EMORY	MC	COY	August 7,	1987	6:00P _M
1	3. SE	Male	White	MONT		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
50 P	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NITRY2 8	t.27,1907	9 BALTIMORE CITY OR COL	JNTY OF DEATH	
Sun 72 h	We	St Virginia	U.S.A.	WIDOW		St. Mary		MD.
76	Le	onardtown	11. NAME OF HOSPITAL, I	y S Ho		Carpenter	ING LIFE) 126 KIND CONSTRY	of Business or truction
32	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE INTY		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE	
1	MI		Mary's Leon	ardtow		IStar Route	40/20650)
September 1	14 FA	THER'S NAME FIRST		121	15. MOTHER'S MAIDEN NA	WE	LAS	
CO		VAS DECEASED EVER IN U.S. AI		L SECURITY NO.	Sarah 17. INFORMANT	ADDRESS	Thompso	<u></u>
medic				07-398	Ella Eliz	aheth McCoy,	same as	s 13e
otic event, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	ED DV	rdio	ares pinate	my faile	ME BETWEEN	MATE INTERVAL ONSET AND DEATH
Demandon,		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost	(b)		septit s	shorts shirt	2	
diory (red)	NO		(c)	U	0	MINAL DISEASE OR CONDITION	N GIVEN IN PART 1	0
Auo smo	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	DN WAS PERFORMED		IF YES, WERE FINDIF ERTIFYING CAUSES YES	
tem 18 sh		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE LIF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M TE PART T OR PART 2)	
rked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OF TOWN	COUNTY	STATE
Heolt is ma		220.1 certify that (1) (this hasp sow the deceased alive a	n	_19	nd that in (my) (our) apinion	death occurred on the date on		that (I) (we) lost
letoched re ste Dept. o T: If Item 2		obove, (I) (we) (did) (did n 22b SIGNATURE	3 * In W	We	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	22¢ DATE	
should be d with the Sto		BJharve			Leonardto	wn, MD. 2065	0	
w 3 ≤		Burial, cremation, remova Burial	236 DATE 8-11-87		cemetery or crematory reen Memoria	al Lexington	Park,St	t.M.SIAMD
16 60M 7/84 A 15, 4)		UNERALDIRECTOR J. Clarke Mat	tingley, L	omardt	own, MD.AUG 1	1 1987 Julia	Derider - Kan	URE

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STATE OF MARYLAND

163949 AUG	2718	FOR STATE REGISTRAR	DEPARTI		ICATE OF DEATH	GIENE 2 REG. N	4 4 2 6
		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	
ath 3	(IVP)	JOSEF	H ROLAND	I	ICKAY	AUGUST 2	24, 1987
may, pag	3 SE	X	4 RACE	S DATE C		& AGE (IN YEARS LAST BIR	
ctor.		Male	White	Aug.	20, 1894	93	MONTHS DAYS HOURS MIN
68.97		IRTHPLACE (STATE OR FOREIGN	7% CITIZEN OF WHAT COUNTRY?	L		9 BALTIMORE CITY O	OR COUNTY OF DEATH
1 XX	· c	MD.	U.S.A.	WIDOWE	D NEVER MARRIED	St. Mai	cv's
1 / 1	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME C		120 USUAL OCCUPAT	ION 12h KIND OF BUSINESS OR
5 1920C		alley Lee	IN NOT IN SUCH FACILITY, GIVE STREET At Home			Farmer	DE WORKING LIFE! INDUSTRY
RYLAND 21201	13 ₀	STATE 136 COU	n OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW Mary's Valle	/N	134 INSIDE CITY LIMITS?	Box 60/2	20692
WAR () 80	7	ATHER'S NAME Benjamin Gi	ADDLE LAST 1bert McKa	У	15 MOTHER'S MAIDEN NA Elizabe		Coombs
# X P = /	160 V	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	JRITY NO	17 INFORMANT	ADDR	ESS
Mo n and ages	1	NO NO OR UNKNOWN] (IF YES, GIV	215-36	-5092	Roland Red	ese McKay	, Valley Lee, MD.
201 W. PRESTON luires that the death pred by the attendir pred by the attendir prival, cremation, or jury, or other traun		Canditians, if any, which gave rise to immediate cause ioi, stating the underlying cause last	DUE TO, OR AS A CONSEQUE		NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART I (g)
The law rections: The law rections: The law rections: The law rections: The law rections are rections and rections and rections and rections.	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	1 2					YES NO	YES NO
OF VIII	1	218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR AM. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2]
DIVISION OF VITAL DING PHYSICIAN: stending physician. After this certificate is the burial-transit to stift and Mental Hygie marked or Item 18 s	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
or ATTEN hospital or a DIRECTOR led for use alept. of Heal of them 21 is		270 I certify that (II (II) saw the deceased alive or above, (II) 171. SIGNATUR 172. PHYSICIADES NAME (1966)	ottended the deceased from	7	DEGREE	death occurred an the d	ore and hour and from the couses stated 226 OFFE SIGNIO FF
TO HOSPITAL retained by the TO FUNERAL (should be detack with the State of		J. Patrick			Leonardt		20650
2 2 2 4	23e [BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	234. LOCATION	EDUNTY STATE
BP	-	Burial	8-27-87 St	. Geo	rge Catholi		Lee, St. Mary's, MD
DHMH-16 25M		UNERAL DIRECTOR	ADDRESS			/	25). REGISTRAR'S SIGNATURE
(VRA 15, 4) 1/79	W	. Clarke Matt	tingley,Leonar	dtow	n, MD. AUG	26 1987 Ju	a wavidon-Rondall

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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G	10	FOR STATE TO SISTRAR	DEPAR	CERTIF	EALTH AND MENT	IH O	REG. NO.	42	7	
		CEASED NAME FIRST ALEXAN	IDER LINDSEY	NA	GY		August 5, 19	87	6:30A _M	
	3 SE)	(1 RACE	5. DATE OF BIRTH			AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
-		Male RTHPLACE STATE OR FOREIGN	White 76 CITIZEN OF WHAT COUNTR	White 3/31/1907			80 YRS			
6.	K	Country) Centucky	U.S.A.	WIDOWE		ED 🗆	St. Mary'		MD.	
1		eonardtown	11. NAME OF HOSPITAL, NURS				26 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Appl. Repairm	LIFE) INDUSTRY	t. Store	
2	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN St.M	ITY 13c. CITY OR TO	NWO	13d INSIDE CITY LI	-	3e STREET ADDRESS / ZIP COI	DE		
	14. F.A	THER'S NAME	MIDDLE LAST	acowii	IS MOTHER'S MA	_	Cedar Lane A	DL 420		
(1	Charly	Nagy			abet	h	Menyh		
		VAS DECEASED EVER IN U.S. AR/ VES, NO OR UNKNOWN) NO			Grand- Susan Mo	Pana	nter	. 2 Bo	x 140 D./20650	
	NOIL	PART I. DE ATH WAS CAUSE (a) IMMEDIATE CAUSE (a) DUE TO, OR AS A TONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMINISTRICATION GIVEN IN PART 1:0								
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORME	D	IN CERT	ES, WERE FINDIF TIFYING CAUSES YES		
1	MEDICAL CER	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR		OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18	PART TOR PART 2)		
	MED	21d INJURY OCCURRED WHILE ON WHILE OF AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC.)	211 LOCATION STREET		Divosiown	count	STATE	
		sow the deceased alive on, obove, (I) (and the deceased alive on obove	P. Jarboe, M.	87. 9 D.	ATTEN PHYS	IDING STILL	MEDICAL STAFF DIRECTOR PHYSICIAN Ardtown, Md	0 1		
		remation, REMOVAL			EMETERY OR CREM		23d LOCATION CITY OF TOWN Suitland	P.G.	MD.	
		UNERAL DIRECTOR Clarke Matti	ngley Leon	ardto	wn, MD.	AUG AUG	REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNAT	Pandollo .	

DHMH - 16 60M 7/84 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.	4	ng	lin	7
REG. NO.				- 4

064623 SEP	3 PREGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	429
	I DECEASED NAME	FIRST MIDDLE	LAST	28 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
be 3 be 3		EPH CARL LE	E PRICE	AUGUST 29,1	987
ma), pager de	3 SEX	4 RACE	5 DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS
age 4 sector	Male	White	Sept. 25,1929	57 YRS	
P. P	7R BIRTHPLACE (STATE OR FORE	IGN 76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	1 BALTIMORE CITY OR COUN	ITY OF DEATH
de d	MD.	U.S.A.	WIDOWED DIVORCED	St. Mary's	Co. MD
of the fire	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIF	NG HOME OR OTHER INSTITUTION	12R USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
o urs o	Scotland	At Home		Carpenter	Construction
thin 24 hour thin 24 hour by could be filed in by could be filed in by could be filed in standard in s	USUAL RESIDENCE (IF NURSING	GHOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE BLOUNTY 13c CITY OR TOV		13R STREET ADDRESS	
N E E		St.Mary's Scotl		Rt. 5, Box	60/20687
	14. FATHER'S NAME FIRST	MIDDLE	15 MOTHER'S MAIDEN NA	WEIDIE	iASI
MAM uted	Joseph	Irving Pric		Mary	Fenhagen
d col	16R WAS DECEASED EVER IN			ADDRESS 1	04 Lewis Ave.
IMO n and Page:	No		-3126 John Irvi		
AIT icas	IL CAUSE OF DEATH	Enter only one couse per limited in its or	7 11 11	1 1	JAVEDUM ETAMODERAL
	PART I. DEATH WAS	S CAUSED BY	markety	Milea	sunta 1
N e	17		tuct of	1	
PRESTON I the death The all	Conditions, if any, v	DUE TO, OR AS A CONSEQU	ENCE OF		
t the ample of the	gave rise to immer	diate	- 0	/	1
W. s that s that by t serve all, critical	underlying cause	lost DUE TO, OR AS A CONSEQU	ence or or or	200	year
201 tuires gned pleas burial	PART 2 OTHER SIGNIE	ICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION (GIVEN IN PART Ligh
v req v req pn sig hen to t			, , , , , , , , , , , , , , , , , , , ,	THE DISEASE ON CONDITION	
RECORDS, The law rec man has been st mmit. Then ne prior to	190 DATE OF OPERATION THE STATE OF THE STATE	ON 196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
. 9998	JI-FIC			YES NO	TIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
AITAN Lian. Lian. Hygit posit p	21R. ACCIDENT WAS UNDER		21c HOW INJURY OCCUR	RED JENTER NATURE OF INJURY IN ITEM I	
DIVISION OF VIIT DING PHYSICIA Ittending physicial After this certific s the burial-transi th and Mental Hy marked or Item 1	OR CONTRIBUTING CAL		AY YEAR		
PHY ng pl	214 INJURY OCCURRED	D 210 PLACE OF INJURY	211 LOCATION		
VISI ING endiin fiter he b and arke	WHILE ONOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
R: A se as seath		his haspital) attended the deceased from_	5 6 1081	10 0 20	19 8 7, that (I) (we) lost
TTE al of TTO TUSE of He		alive an	and that in (my+(our) ppinion	death occurred an the date and t	
REGIONAL INTERPLETATION	obove All (we) lets	h (did not) view the Body often death	DEGREE	\	12% DATE SIGNED
L O L O	TIN	202	26 10 ATTENDING	MEDICAL STAFF	8/2/15
by the by the by the by the by the by the best detailed.	224. PHYSICIAN'S NAM	AF (TARK OR OR OR OR)	1228 ADDRESS	DIRECTOR PHYSICIAN	0/1/87
HOSI UNN Id be the		. Mossman, M.D.		sville, MD.	20659
TO HOSPIT. retained by t TO FUNERA should be det with the State MMPORTAN					20037
	230 BURIAL, CREMATION, RE ISPECIFY) Burial	MOVAL 23b. DATE 9-1-87 S	NAME OF CEMETERY OR CREMATORY t. Michaels Cem	73d LOCATION CITY OR TOWN	COUNTY STATE
BP	24 FUNERAL DIRECTOR	3 2 3,		I Ridge St	Mary's MD
DHMH-16 25M		Mattingley Leon	ardtown MD CEI	TE REC'D. BY REGISTRARIUS REG	Participation of the second

5 1 9 1 SE	P1 H	1.97.	AAE		HEALTH AND MENTA		4 4 3	3	
0 1 0 1 0		CEASED NAME FIR		MIDDLE	LAST		REG. NO.	H DAY YEAR	25 HOU
		OR PRINT)				OF	ESTÍ-		
OR. OR. URS	3. SEX		CQUELINE IS DATE OF BIRTH	A.	SCHERTLE ARS IF UNDER 1 YR. IIF UN		MATED 3	30 19 87	
ECESSARY, PLEASE UNERAL DIRECTIOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,		emale White	May 22,	YEAR LAST BIRTHO		DER 24 HRS. 20 DATE PRONOUNCE DE AD	ED 8	30 19 87	12:4 HOU
SSAL SELL		RTHPLACE (STATE OR	76 CITIZEN OF W	HAT COUNTRY?	8. MARRIED NEVER MA	APPIED M 9 BALTIMO	RECITY OR COUP	NTY OF DEATH	
命の言思した	Ma	reign country.	USA			ORCED St. 1	Mary's Co	ounty	AA
HAGE TO SEE		YORTOWN OF DEATH	(IF NOT IN SUCH F	SPITAL, NURSING HOM ACILITY, GIVE STREET ADDRESS) River Hos	e, or other institution	FOR MOST OF WORKII	TION (TYPE OF WORK		USINESS
2007	dSUA 30. S	L RESIDENCE (IF INNURSING			INSIDE CITY LIMIT	13e STREET ADDRESS Box 207 E	s		2065
2014	(H)F	THER'S NAME arles Anthony	y Schertle,		15. MOTHER'S MA		DLE	LAST	
aty in	Ióo V	AS DECEASED EVER IN U.S	ARMED FORCES?	166. SOCIAL SECURIT	Y NO. 17 INFORMANT		ADDRESS		- 1-1-1
pivisio	No		GIVE WAY OR DATES)	N/A	Charles	A. Schertle	, Jr. Sar		
SIT PERMIT. P. SET HYGIENE DIVISIO		18 CAUSE OF DEATH (Ent.			nt Death Syndi			BETWEEN ONSE	ET AND DEATH
CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HK ITING THE WORD, "FENDING" IN PENCIL IN ITEM BED TO THE CHIEF MEDICAL EXAMINER ALONG 3.3 SHOULD BE USED AS A BURIAL - TRANSIT PERA DEPARTMENT OF HEALTH AND MENTAL HYGIEN I PRIOR TO BURIAL, CREMATION, OR REMOVAL.	7	gave rise to immer couse (o) stating the <u>ur</u> <u>lying cause last</u> . PART 2 OTHER SIGNIFICANT CONDI	DUE TO, OF	R AS A CONSEQUENCE	OF AINAL DISEASE OR CONDITION GIVEN	IN PART 1 ra			
WORD "PEND HE CHIEF MED D BE USED AS, ENT OF HEALT O BURIAL, CRE	CERTIFICATION	19a. DATE OF OPERATION	196. COND	ITION FOR WHICH OPE	RATION WAS PERFORMED?	201	15.0	20 AUTOPSY	1?
NA PA	I SH							YES 🔀	NO 🗆
OR TO BU		210 EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE	HOUR A.A	A. MONTH DAY YEA	R 21¢ HOW INJURY OCCU	IRRED LENTER NATURE OF INJUI	Y IN ITEM 18 PART 1 OR F	PART 2]	23
MARDED I PAGE 3 SH TATE DEPA 21201 PRIC	MEDICAL	214 INJURY OCCURRED WHILE DOT WHILE AT WORK AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	4 C	COUNTY	STATE
EACULE IN CASHITCAIS, WAS PAGE 4 SHOULD BE FORWARD TO FUNEAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE C BALLIMORE, MARYLAND, 21201		death resulted from	chorge of the remains de		TITLE (SPECIF)				
CUTE THE SE 4 SHOU FUNERAL ER DEATH, TIMORE, A	2	EXAMINER'S NAME (TYPE OR PRINT)	nn M. Dixon	, M.D.		Chiafokalexamı 1 Penn St.,			
PAG PAG AFTE BAU		JRIAL, CREMATION, REMOV		122, NAME OF CE	METERY OF CREMATORY y Star of the	1236 LOCATION			land
	24. F	JNERAL DIRECTOR	Donald V. Bo	orgwardt	25a. DA	ATE REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATURE	12
DHMH - 17 R A15 ME (5))	Rt	264. Box 341	B. Port Ren	ublic. Marv	land 20626 SEF	9 1987 4	a Dividion	Pardage	

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE,
CERTIFICATE OF DEATH

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		CEASED NAME FIRST	WIDDLE	LAST		REG. N		YE AR	2b HOUR
poge 3	(TYP)	PAYMO	ND MAURICE	STACK		August 31.	1987	3.43	9:058
od -	3. SE	X	4. RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BI		DER TYEAR	IF UNDER 24 HRS
ector, urs afte		Male	White Jan		1 923 YEAR	64	YRS	HS DAYS	HOURS MIN
72 hou		RTHPLACE (STATE OR FOREIGN aryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED N	EVER MARRIED	9 BALTIMORE CITY			
50		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWED X	DIVORCED	St. Mary			A A
6		Leonardtown	(IF NOT IN SUCH FACILITY, GIVE STREET	Hospital	K INSTITUTION	Steam Fi			truct
onld be	Ma		Mary 's Letonar		SIDE CITY LIMITS?	13. STREET ADDRESS Rt #1 B	ZIP CODE OX 96	206	550
180	14. F	THER'S NAME Frederick	MIDDLE Stack	15. MO	Virgini		Lauk	per s 1	.ik
3)		VAS DECEASED EVER IN U.S. AI YES NO OR UNKNOWN) (IF YES G YES W			ORMANT 11iam F	Stack 108	307 Gar		
3 d 0 .		18 CAUSE OF DEATH (Enter o	nly ane cause per line far (0), (b), on	nd (c).)		Upper 1	larlbox	APPROXIN BETWEEN O	MATE INTERVAL
mov		PART I DEATH WAS CAUS	ED BY: TE CAUSE (0) Cardae	· .				0011101101	TOTAL PROPERTY
rbo rre lice		IMMEDIA							
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nove		Canditians, if any, which gave rise to immediate	· 16) Claulit ?	espiraton	Distier	Musquine		14 hz	4
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ol, o		underlying couse last.	10 Osperation	1 precure	min + hepo	ato Renal	u line		
buri buri	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RE	LATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN	N PART 11a	
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ne prio	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS	PERFORMED	200 AUTOPSY?	206. IF YES, WE	RE FINDING	OF DEATH?
ygie sho	ER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HC	OW IN TURY OCCUR	RED (ENTER NATURE OF IN)	YES T	00 0 407 21	NO 🗌
E E		OR CONTRIBUTING CAUSE OF DE			or anyon, occom	TEO (EMIEK MATORE OF 114)	IN BATTEM TO PART I	DR PART 2)	
Herrio	2	(IF EITHER NOTIFY MEDICAL EXAMINE		19					
s the b	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	FARM, ETC }	CATION STREET	CITY OR TO)WN	COUNTY	STATE
for use of Healt		saw the deceased alive as	oitol) ottended the deceased from	August 31	(my) (aur) apinian	to August death occurred on the d		from the c	hat [I] (we) la
ppt.		226. SIGNATURE	The wife addy diver decim.	DEGREE				22c. DATE S	IGNED
detacl of Detacl		10 hm	. formulas		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN 🗆	9.1.	87
Pe St		228. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. At	DRESS				,
should be del with the State		John F	. Fenwick, M.D.	2 File L	Leonardto	wn, Md. 206	50		
5 € 3 ₹	23a I	URIAL, CREMATION, REMOVAL		NAME OF CEMETER	Y OR CREMATORY	23d LOCATION	70		
		SPECIFY) Burial	3Sept1987 Ft				ensburg	Ma Ma	rylah
	24 51					-4			
16 60M 7/84	24. [INERAL DIRECROBERT	ADDRESS	erar Hon		P 8 1987	1		
15, 4)		Suitlar	nd Maryland		J.	1 0 130/	Carlia Dear	Gern- Ke	indeed.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH LAST 2a. DATE OF DEATH MONTH 2b HOUR August 17, 1987 JAMES TALBERT & AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR MONTH DAY 22/1904 82 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. WIDOWEDK St. Mary's County 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Farmer Farm St. Mary's Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 136. INSIDE CITY LIMITS? Mechanicsvil Rt. 8 Box 534/20659 189 NO [15 MOTHER'S MAIDEN NAME FIRST Talbert Marv Elizabeth Stewart ADDRESS Rt. 8Box 534 166 SOCIAL SECURITY NO. 17 INFORMANT Friend 22 2861 Mary T.Bankins Mech, MD. 20659 APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) DUE TO, OR AS A CONSEQUENCE OF 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 211 LOCATION CITY OR TOWN COUNTY STATE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED 71e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E1C.) AT WORK NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 220 DATE/SIGNED ATTENDING \ -MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN SNAME 77e ADDRESS J. Carroll Boyd. M.D. Leonardtown, Md. 20650

DHMH - 16 60M 7/84

FUNERAL I

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MPORTANT

(VRA 15, 4)

- STATE

(TYPE OR PRINT)

COUNTRY

13a STATE

CERTIFICATION

MEDICAL

14. FATHER'S NAME

3. SEX

DECEASED NAME

Male

TO BIRTHPLACE (STATE OF FOREIGN

10 CITY OR TOWN OF DEATH

Leonard town

MD

Samuel

Conditions, if any, which gove rise to immediate couse (o), stoting the

underlying couse lost

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

FIRST

(YES, NO OR UNKNOWN) No

MD.

FIRST

ALBERT

13b COUNTY

St.Mary

IMMEDIATE CAUSE (o.

4. RACE

Black

216

230 BURIAL, CREMATION, REMOVAL Burial

23c. NAME OF CEMETERY OR CREMATORY Charles Mem. Gard.

CITY OF TOWN Leonardtown

STM MD. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

8/19/87 24 FUNERAL DIRECTOR W.Clarke Mattingley Leonardtown, MD.

23b. DATE

WESTURA, MO

8/20/87

W.C.MATTINGLEY, LEONARDTOWN, MD 20650

236. DATE

224 PHYSICIAN'S NAME (TYPE OR PRINT)

23R BURIAL, CREMATION, REMOVAL

BURIAL

SPECIFY

24 FUNERAL DIRECTOR

MIDDLE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

CERTIFICATE OF DEATH

22n ADDRESS

Westview Cemeterv

23c NAME OF CEMETERY OR CREMATORY

REG NO 28 DATE OF DEATH MONTH 2h HOUR AUG. 15, 1987 IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SCHOOL 1085 N. JAMESTOWN McGINNIS 720 Piney Wood Cr CALIFORNIA, MD20619 APPROXIMATE INTERVAL METWEEN ONSET AND DEATH 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [COUNTY STATE 22c. DATE SIGNED ISFFSMCON CTUSSI SONADDICUNI, MANGLANIA 23d. LOCATION CITY OR TOWN STATE COUNTY ATLANTA GA 258. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH-16.25M (VRA 15, 4) 1/79 FOR

REGISTRAR

- STATE

TROP 8 1 BUA

063291

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATHS

	46 2	170
2 4 4	3 3 2	3
REG. NO.	1	5

20	91	REGISTRAR				CENTIL	TEATE OF DEATES		REG. NO	o	1 6	
		CEASED NAME	FIRST		MIDDLE		AST	2a DATE	E OF DEATH	HINOM	DAY YEAR	2b. HOUR
33	(iire	OK PRINT)	BEVERL	Y	JANE	W.	ELLS		AUGUS	ST 14,	1987	8:40a. M
363	3 SE	X		RACE		S. DATE C		6. AGE (IN YEARS LAST BIRT	-	IF UNDER I YEAR	
- 1		FEMALE	+	CAUCAS	SIAN	MARC	H 20, 1926	6	51	YRS	AONTHS DAYS	HOURS MIN
6		RTHPLACE STATE OR	FOREIGN	b. CITIZEN OF	WHAT COUNTRY?	I. MARRIE	NEVER MARRIED	9 BALTI	MORE CITY O	RCOUNTY	OF DEATH	
0	the second lives in the	ORIDA	255		5.A.	WIDOWE	D DIVORCED	S	ST. MAR	Y'S	959	MD
2		TY OR TOWN OF DE		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	RT. #1, BOX A		MINIST SSISTAN		EDUCA	PEPTINESOFF ATION
35	13a :	AL RESIDENCE (IFNU STATE RYLAND	134 COUN		GIVE RESIDENCE BEFORE 13c CITY OR TOW LEONARDT	N	13d INSIDE CITY LIMITS? YES NO 💢	RT.	#1, BC	X_A-1		20650
30	14. F)	THER'S NAME FIRST ELBERT	М	IDDLE	SHEAIN		15. MOTHER'S MAIDEN NA FIRST FLORENCI		MIDDLE		YE	
1		VAS DECEASED EVE (ES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	219-12-5		ROBERT P. W	ELLS.	RT. AD# 1	SS BOX	A-1 , MD.	20650
			TH (Enter onlow)	y one couse per BY:	line for (a), (b), and	d (c).)	jor Organ Sys					ONSET AND DEATH
	7	gove rise to in couse (o), statunderlying couse	ing the e last.	((0)		y Car	cinoma (cance		EASE OR CONI	DITION GIV	1986 EN IN PART 1	
9	CERTIFICATION	19a DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. A	UTOPSY?	IN CERTIF	, WERE FIND! YING CAUSES	
9		21a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTE	R NATURE OF INJUR	Y IN ITEM 18, PA	ART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCUPATION OF ATTWOMEN TO ATTWO		21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET		CITY OR TOW	'N	COUNTY	STATE
		22a I certify that I saw the decta above. Circle	of other of	78/7/8	7 19	Janu.	ary 30 19 80 and that in (my) (our) opinion		emise			that (I) (we) last causes stated
1	0	27h SIGNATURE	De	111			DEGREE ATTENDING PHYSICIAN	MEDIC	AL STAF		8/17	
		Eugene	Gua za	7 -		1	ne ADDRESS / Land Inf	irmar	y, Char	tico	206	21
	23a E	URIAL, CREMATION SPECIFY) BURIAL	, REMOVAL	8/17/	1000		PREWS EPISCOPA	CI	CATION ITY OR TOWN LIFORNI		COUNTY MARY	'S, MD.
		WARD N. B	RINSFI	ELD, JR			25a. DA		987	25b. REGISTI		TURE

DHMH-16 60M 1/73 (VR A 15 (4))

etained by the haspital TO HOSPITAL

OR ATTENDING PHYSICIAN: The law ar attending physician 063340

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HXGIENE

2	4	6.7	3	0
REG. NO.				-

3310	ALIC	1.	FOR STATE OR GISTRAR		DEPART		EALTH AND MENTAL HYGICATE OF DEATH	ilene 2 4	4 3 6		
0 4 0	AUG		CEASED NAME FIRST		MIDDLE	t.	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
ay be		litte		л наммо	OCK WINE	ECAR		AUGUST 14	1987 11A.M.		
ma)		3rSE		4 RACE CAUCAS		5 DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
8 95	1			13.00		JULY	13, 1906	81 YRS			
1 11	E		RTHPLACE (STATE OR FOREIGN OUNTRY) VIRGINIA	7b. CITIZEN OF WHAT COUNTRY? MARRIED WIDOWED		NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH			
28	16		TY OR TOWN OF DEATH EONARDTOWN.	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET	NG HOME O	ROTHER INSTITUTION	120 USUALOCCUPATION (TYPE OF WORKING IN NURSE	126 KIND OF BUSINESS OR		
4 ho	97	USU.	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	R OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	DE .		
y fill	E		ARYLAND PR (GEORGES	TAKOMA I	PARK	YES NO S		HIRE AVENUE 2091		
ampletel and 2			CARNETT	WALDEN	WINSBO	ORO	MARY	ELTA	HAMMACK		
xecul geogr	D P		VAS DECEASED EVER IN U.S. AT	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT DAU	GHTER ADDRESS RTE	E. 3 BOX 297		
S. Pa			NO		579-20-4	1989	MARY A. BELL	LEONARDTOV	VN, MD 20650		
physici npaper maval.	vent, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY:	line for (0), (b), or	D - C	respisato	84 A68681	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH		
that the death ce by the attending case remave carb	r ather traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	(b)	R AS A CONSEQUENT R AS A CONSEQUENCE OF THE PROPERTY OF THE PR	ENCE OF	don Fil	osilation Distag	9		
quires a	njury, a	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH-BUT	NOT RELATED TO THE TERM	RMINAL DISEASE OR CONDITION GIVENU PART 110			
an. has been t permit. I	Ows ony	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO NO		
CIAN TI Physicientificate	18 sh	_	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.	FINJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM 18	PART : OR PART 7)		
offending offer this cases the burners of the burne	rked or It	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE,		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE		
pital or TOR: Affor use a of Health	21 is ma		220 I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did m	August	e deceased from	Aug.	12 , 1987 d that in (my) (our) opinion	, to Aug . 14 death occurred on the date and ha	our and from the causes stated		
TAL OR A y the has tal DIREC detached ate Dept.	ZT. If Bern		226. SIGNATURE		100			MEDICAL STAFF DIRECTOR PHYSICIAN	27c DATE SIGNED Aug. 14, 1987		
etained by TO FUNER should be	MPORTANT		N. Sha	Salar.			Leonar	dtown, Md. 20			
5 5 7 4 3	≤	23a. E	SURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE		
BP	- 0		BURIAL	AUG18,		r. LIN		BRENTWOOD PR (GEORGES MARYLAND		
DHMH - 16 60M			UNERAL DIRECTOR FRANC				250. DAT	F REC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE		
(VRA 15, 4)	5	00 UNIVERSITY H	SLVD. W	SILVER SE	RING,	MD 20901	- 0 MOI M			

STATE OF MARYLAND

1 = STATE

064347

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 4 4 3 8

SI	P-IERTRAN		CERTIFI	CALE OF DEATH	REG. NO.		*
-	1. DECEASED NAME FIRST	MIDDLE	LA	157	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
П	MARY	LOUISE YO	UNG		August 23, 198	37	11:10 4
	3. SEX	4 RACE	S. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
	Female	Black	June	e 6,1888 ^{AR}	99 YRS	MONTHS DATS	HOURS MIN.
	To BIRTHPLACE (STATE OR FOREIGN)	76. CITIZEN OF WHAT COUNTRY?	8.	□ NEVER MARRIED □	BALTIMORE CITY OR COUNT	Y OF DEATH	
1	MD.	U.S.A.	WIDOWE		St. Mary's Cou	aty	MD.
1	In CITY OR TOWN OF DEATH Leonard town	(IF NOT IN SUCH FACILITY, GIVE STREET A	ADDRESSI		17e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) HOUSEWITE	126 KIND C	OF BUSINESS OR
-	LINUAL RESIDENCE (IF NURSING HOME OR O	St. Mary's	ADMISSION	tal			
5	MD. St.M			13d. INSIDE CITY LIMITS? YES NOXXX	13e.STREET ADDRESS / ZIP COD Gen.Delivery)
7	Alexander	Sherkliff		15. MOTHER'S MAIDEN NAV	WIDDLE	William in	
4	160 WAS DECEASED EVER IN U.S. ARA				ADDRESS 1 0 0	Willia	
1	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATEST		17 INFORMANT Daug			
	NO 18 CAUSE OF DEATH (Enter only	217-32-	2002	Eva Langst	on/ Washingt		-/20001
No	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE DUE TO, OR PLACONSEQUE ICI ONDITIONS CONTRIBUTING TO D	Un NCE OF	malori a St NOT RELATED OF THE TERM	Mach MAI DISEASE ON CONDITION G	M y	mens
1	210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH (OPERATION	WAS PERFORMED	IN CERT	S. WERE FINDE FYING CAUSES ES [7]	NGS USED S OF DEATH?
>	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA	V VEAD	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	7.00
	OR CONTRIBUTING CAUSE OF DEAT	P.M.	19				
	21d. INJURY OCCURRED	21e PLACE OF INJURY		711 LOCATION	CITY OF TOWN	COUNTY	STATE
	ILE NOT WHILE O	(AT HOME STREET FACTORY, OFFICE, FA	ARM ETC)	SINCE	. 1		STATE
	22a. I certify that (1) (this haspite	al) attended the deceased from		. 19	8/23	19 87	that (I) (and last
	saw the deceased alive a above, (1) (a saydid)	173 108	7 , and	d that in (my) (oper apinion o	death occurred on the date and ha	ur and from the	causes stated
	77% SIGNATURE	1)// /	1.40	EGRE	-	22c. DATE	SIGNED
	Out	1 Bulos	M	ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	8-2	26-87
	22d PHYSICIAN'S MARE OF THE	reducts /	22e ADDRESS		10 0	-	
	J. Patrick	Jardoe, M.D.		Leonardto	wn, Md. 20650		
	an august cart and a	Carried Control of Con	AME OF CE	METERY OR CREMATORY	23d LOCATION		
	Burial	8/28/87 St	Jose	eph's Cem.	Morganza	STM	MD.
	TA LOVEWHE DIVECTOR				E REC'D. BY REGISTRAD 256. REGIS		TURE
	W.Clarke Matti	ngley Leona:	rdtov	vn, MD., AUG	31 1987 getie De	vidon-nor	1
- 4			Lacoi	111 / 1110 . /	- 10017/		

DHMH - 16 60M 7/84 (VRA 15, 4)

064347 SEP-1 87 MA Desider of property and the Caronina of Venuetolo 18-4-8 CM 321-101-125 AUG 31 1982 AGAMAN